APPLICATION DATA SHEET

Inventor Information

Inventor One Given Name: CHRISTINE

Family Name: SCHMID

Name Suffix:

Mailing Address Line One: Liechtensteinstrasse 15

Mailing Address Line Two:

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State or Province: Postal or Zip Code:

City of Residence: State or Prov. of Residence:

Country of Residence: Austria

Citizenship Country: Austria

Inventor Two Given Name:

Family Name: Name Suffix:

Citv:

Mailing Address Line One:

Mailing Address Line Two:

State or Province:

Postal or Zip Code:

City of Residence:

State or Prov. of Residence:

Country of Residence:

Citizenship Country:

Inventor Three Given Name:

Family Name:

Name Suffix:

Mailing Address Line One:

Mailing Address Line Two:

City:

State or Province:

Postal or Zip Code:

City of Residence:

State or Prov. of Residence:

Country of Residence:

Citizenship Country:

Given or Company Name of Applicant:

Family Name, if any:

Name Suffix:

Authority Code:

Mailing Address Line One:

Mailing Address Line Two:

City: State or Province:

Postal or Zip Code:

City of Residence:

State or Prov. of Residence:

Country of Residence:

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Correspondence Information

Name Line One: Henry M. Feiereisen

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Application Information

Title Line One: ARRANGEMENT FOR REDUCING OR DESTROYING

Title Line Two: GERMS IN BODY CAVITIES OF LIVING ORGANISMS

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[Repeat for any additional lines]

Suggested classification:

Suggested Tech. Center:

Total Drawing Sheets:

Suggested Dwg. Figure for Pub.:

Docket Number: SCHMID-25

Application Type: [Utility] Utility

Licensed US Govt. Agency: Contract or Grant Numbers One:

Contract or Grant Numbers Two: Secrecy Order in Parent Appl.?

if plant patent app.,

Latin Name of genus and species of plant claimed:

Representative Information

Representative Number One: 020151

Representative Number Two:

[Repeat for extra registration numbers]

Domestic Priority Information

This application is a:

Application One:

Filing Date:

US-National Phase of International Application

PCT/AT2004/000440 December 15, 2004

which is a:

Application Two:

Filing Date:

[repeat if neccesary]

Foreign Application Information

Foreign Application One:

Filing Date:

Filing Date: Country:

Priority Claimed:

2027/2003 December 17, 2003

Yes

Austria

Assignee Information

Assignee Name:

Address Line One:

City:

State or Province:

Country:

Postal or Zip Code: